

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

10/583386

APPLICANT(S)

## CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2						
3	1					
4						
5	1					
6						
7	1					
8	1					
9	1					
10	1					
11						
12	1					
13	1					
14	1					
15	1					
16	1					
17	1					
18	1					
19	1					
20	1					
21	1					
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29	1					
30	1					
31	1					
32	1					
33	1					
34	1					
35	1					
36	1					
37	1					
38	1					
39	1					
40	1					
41	1					
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	2					
TOTAL DEP.	39					
TOTAL CLAIMS	41					

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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97						
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99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						